



PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE

Assistant Commissioner for Patents

Washington, D.C. 20231

SEP 12 2000

OKto Enter

B18
SC

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Customer No. 020227

QM32/0628

Majestic, Parsons, Siebert & Hsue, P.C.
Four Embarcadero Center, Suite 1100
San Francisco, CA 94111-4106

020227

PATENT TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/781,579	01/09/97	047	NGO, L	3731 06/28/00
First Name Applicant	GARDINER,	35 USC 154(b) term ext.	= 0 Days.	

TITLE OF INVENTION: STAPLED SURGICAL FASTENERS, INSTRUMENTS AND METHODS FOR MINIMALLY INVASIVE VASCULAR AND ENDOSCOPIC SURGERY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 GONR9003HED /	606-139.000	059	UTILITY	YES	\$605.00	09/28/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Majestic, Parsons,
Siebert & Hsue, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assigned data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE COALESCENT SURGICAL, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) SUNNYVALE, CALIFORNIA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

 Issue Fee Advance Order - # of Copies 10

4b. The following deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 13-1030

(ENCLOSE AN EXTRA COPY OF THIS FORM)

 Issue Fee Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) STEVEN R. VOSEN, #45,186

(Date)

9/18/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney, or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comment on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/13/2000 HUWONG2 00000053 08781579

01 FC:242

02 FC:561

605.00 DP

30.00 DP

TRANSMIT THIS FORM WITH FEE